SELF-CERTIFICATION SAFETY AND INFORMATION TECHNOLOGY SECURITY CHECKLIST FOR TELEWORKERS

The following checklist is designed to assess the overall safety of your alternate duty station. Please read and complete the self-certification safety checklist. Upon completion, you and your supervisor should sign and date the checklist in the spaces provided.

Name: _____

Organization: _____

Address: _____

City/State: _____

Business Telephone: (____) _____

The alternative duty station is: _____

Describe the designated work area in the alternative duty station.

_____

_____

_____

A. Workplace Environment

1.	Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job performance?	Yes ☐	No ☐
2.	Are all stairs with four or more steps equipped with handrails?	Yes ☐	No ☐
3.	Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?	Yes ☐	No ☐
4.	Do circuit breakers clearly indicate if they are in open or closed position?	Yes ☐	No ☐
5.	Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?	Yes ☐	No ☐
6.	Will the building's electrical system permit the grounding of electrical equipment?	Yes ☐	No ☐
7.	Are aisles, doorways and corners free of obstructions to permit visibility and movement?	Yes ☐	No ☐
8.	Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	Yes ☐	No ☐
9.	Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy?	Yes ☐	No ☐
10.	Are the phone lines, electrical cords and extension wires secured under a desk or alongside a baseboard?	Yes ☐	No ☐
11.	Is the office space neat, clean and free of excessive amounts of combustibles?	Yes ☐	No ☐

12. Are floor surfaces clean, dry, level and free of frayed or worn seams? Yes ☐ No ☐

13. Are carpets well secured to the floor and free of frayed or worn seams? Yes ☐ No ☐

14. Is there enough light for reading? Yes ☐ No ☐

B. Computer Workstation (if applicable)

15. Is your chair adjustable? Yes ☐ No ☐
16. Do you know how to adjust your chair? Yes ☐ No ☐
17. Is your back adequately supported by a backrest? Yes ☐ No ☐
18. Are your feet on the floor or fully supported by a footrest? Yes ☐ No ☐
19. Are you satisfied with the placement of your monitor and keyboard? Yes ☐ No ☐
20. Is it easy to read the text on your screen? Yes ☐ No ☐
21. Do you need a document holder? Yes ☐ No ☐
22. Do you have enough legroom at your desk? Yes ☐ No ☐
23. Is the screen free from noticeable glare? Yes ☐ No ☐
24. Is the top of the screen eye level? Yes ☐ No ☐
25. Is there space to rest arms while not keying? Yes ☐ No ☐
26. When keying, are your forearms close to parallel with the floor? Yes ☐ No ☐
27. Are your wrists fairly straight when keying? Yes ☐ No ☐

C. Information Technology Security

28. Is GSFC anti-virus software installed and configured to automatically scan new files on your computer? Yes ☐ No ☐

29. Are anti-virus definition/signature files up to date in a timely manner on your computer? Yes ☐ No ☐

30. Have you completed all mandatory NASA IT Security Training? Yes ☐ No ☐

31. If your machine is government-owned or ODIN-provided, is there a process in place for timely installation of IT security patches and software updates? Yes ☐ No ☐

_____

Employee Signature   Code   Date

_____

Immediate Supervisor's Signature   Code   Date

Approved ☐   **Disapproved** ☐

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* This checklist was developed by the General Services Administration.